

DOCUMENTS UNDER SEAL

TOTAL TIME (mins): 9

MAGISTRATE JUDGE MINUTE ORDER		DEPUTY CLERK Frank Justiliano			REPORTER/FTR 10:03 - 10:12	
MAGISTRATE JUDGE Hon. Wayne D. Brazil		DATE 7/24/08			NEW CASE <input type="checkbox"/>	CASE NUMBER CR-08-00482-CW

APPEARANCES

DEFENDANT Cruz Humberto Alejandre-Corona	AGE	CUST Y	P/NP P	ATTORNEY FOR DEFENDANT Angela Hansen	PD. <input checked="" type="checkbox"/> RET. <input type="checkbox"/> APPT. <input type="checkbox"/>
U.S. ATTORNEY Christine Wong	INTERPRETER Not used			FIN. AFFT SUBMITTED <input type="checkbox"/>	COUNSEL APPT'D <input type="checkbox"/>
PROBATION OFFICER	PRETRIAL SERVICES OFFICER Ameila Berthelsen			DEF ELIGIBLE FOR APPT'D COUNSEL <input type="checkbox"/>	PARTIAL PAYMENT OF CJA FEES <input type="checkbox"/>

PROCEEDINGS SCHEDULED TO OCCUR

<input checked="" type="checkbox"/> INITIAL APPEAR Indictment	<input type="checkbox"/> PRELIM HRG	<input type="checkbox"/> MOTION	<input type="checkbox"/> JUGM'T & SENTG	<input type="checkbox"/> STATUS
<input type="checkbox"/> I.D. COUNSEL	<input checked="" type="checkbox"/> ARRAIGNMENT	<input type="checkbox"/> BOND HEARING	<input type="checkbox"/> INITIAL APPEAR REV PROB OR S/R	<input type="checkbox"/> OTHER
<input type="checkbox"/> DETENTION HRG	<input type="checkbox"/> ID / REMOV HRG	<input type="checkbox"/> CHANGE PLEA	<input type="checkbox"/> PROB. REVOC.	<input type="checkbox"/> ATTY APPT HEARING

INITIAL APPEARANCE

<input checked="" type="checkbox"/> ADVISED OF RIGHTS	<input checked="" type="checkbox"/> ADVISED OF CHARGES	<input type="checkbox"/> NAME AS CHARGED IS TRUE NAME	<input type="checkbox"/> TRUE NAME:
ARRAIGNMENT			
<input type="checkbox"/> ARRAIGNED ON INFORMATION	<input type="checkbox"/> ARRAIGNED ON INDICTMENT	<input type="checkbox"/> READING WAIVED SUBSTANCE	<input type="checkbox"/> WAIVER OF INDICTMENT FILED

RELEASE

<input type="checkbox"/> RELEASED ON O/R	<input type="checkbox"/> ISSUED APPEARANCE BOND	AMT OF SECURITY \$	SPECIAL NOTES	<input type="checkbox"/> PASSPORT SURRENDERED DATE:
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PROPERTY TO BE POSTED CASH \$		CORPORATE SECURITY <input type="checkbox"/>		REAL PROPERTY: <input type="checkbox"/>
<input checked="" type="checkbox"/> MOTION FOR DETENTION	<input type="checkbox"/> PRETRIAL SERVICES REPORT	<input checked="" type="checkbox"/> DETAINED	<input type="checkbox"/> RELEASED	<input checked="" type="checkbox"/> DETENTION HEARING AND FORMAL FINDINGS WAIVED
<input checked="" type="checkbox"/> REMANDED TO CUSTODY				

ORDER REMOVED TO THE DISTRICT OF

PLEA				
<input type="checkbox"/> CONSENT ENTERED	<input checked="" type="checkbox"/> NOT GUILTY	<input checked="" type="checkbox"/> GUILTY	GUILTY TO COUNTS: <input type="checkbox"/>	
<input type="checkbox"/> PRESENTENCE REPORT ORDERED	<input type="checkbox"/> CHANGE OF PLEA	<input type="checkbox"/> PLEA AGREEMENT FILED	OTHER:	

CONTINUANCE

TO: 8/6/08	<input type="checkbox"/> ATTY APPT HEARING	<input type="checkbox"/> BOND HEARING	<input type="checkbox"/> STATUS RE: CONSENT	<input checked="" type="checkbox"/> STATUS / TRIAL SET
AT: 2:00 p.m.	<input checked="" type="checkbox"/> SUBMIT FINAN. AFFIDAVIT	<input type="checkbox"/> PRELIMINARY HEARING OR ARRAIGN- MENT	<input type="checkbox"/> CHANGE OF PLEA	<input type="checkbox"/> OTHER
BEFORE HON. Claudia Wilken	<input type="checkbox"/> DETENTION HEARING		<input type="checkbox"/> MOTIONS	<input type="checkbox"/> JUDGMENT & SENTENCING
<input type="checkbox"/> TIME WAIVED	<input type="checkbox"/> TIME EXCLUDABLE UNDER 18 § USC 3161	<input type="checkbox"/> IDENTITY / REMOVAL HEARING	<input type="checkbox"/> PRETRIAL CONFERENCE	<input type="checkbox"/> PROB/SUP REV. HEARING

ADDITIONAL PROCEEDINGS

Detention hearing waived w/o prejudice. Bail hrng. postponed to allow deft. to discuss case with counsel. Discovery to be provided by today. Time excluded from now to 8/6/08.

cc: WDB stats, CRD-Judge Wilken, Pretrial

DOCUMENT NUMBER:

Department of Homeland Security
Immigration and Customs Enforcement

Immigration Detainer - Notice of Action

File No.
A78 056 347
Date: July 24, 2008

TO: (Name and title of institution)
CUSTODIAN OF RECORDS, HOLDS/WARRANTS/DETAINERS
US MARSHAL SERVICE, STATE PRISONS, CITY/COUNTY JAIL,
CALIFORNIA DEPARTMENT OF CORRECTIONS OR ANY OTHER
SUBSEQUENT LAW ENFORCEMENT AGENCY

From: (INS office address)
U.S. Department of Homeland Security
Immigration and Customs Enforcement
630 Sansome Street, 5th Floor
San Francisco, CA 94111

Name of alien: ALEJANDRE-Corona, Cruz Humberto; aka: Cruz CORONA, Cruz ALEJANDRE, Roberto RAMEREZ, Alejandro CRUZ, Roberto RAMIREZ, Marcos RANMIREZ, Santiago H. Cordova

Date of birth: 3/17/1979 Nationality: Mexico Sex: Male

You are advised that the action noted below has been taken by the Immigration and Customs Enforcement concerning the above-named inmate of your institution:

Investigation has been initiated to determine whether this person is subject to removal from the United States.

A Notice to Appear or other charging document initiating removal proceedings, a copy of which is attached, was served on _____ (Date)

A warrant of arrest in removal proceedings, a copy of which is attached, was served on _____ (Date)

Deportation or removal from the United States has been ordered.

It is requested that you:

Please accept this notice as a detainer. This is for notification purposes only and does not limit your discretion in any decision affecting the offender's classification, work and quarters assignments, or other treatment which he or she would otherwise receive.

Federal regulations (8 CFR 287.7) require that you detain the alien for a period not to exceed 48 hours (excluding Saturdays, Sundays and Federal holidays) to provide adequate time for INS to assume custody of the alien. You may notify INS by calling 415 844-5512 during business hours or 415 844-5549 after hours in an emergency.

Please complete and sign the bottom block of the duplicate of this form and return it to this office. A self-addressed stamped envelope is enclosed for your convenience. Please return a signed copy via facsimile to 415 844-5682 (Area code and facsimile number)

Return fax to the attention of Polly Kaiser at 415 844-5671 (Name of INS officer handling case) (Area code and phone number)

Notify this office of the time of release at least 30 days prior to release or as far in advance as possible.

Notify this office in the event of the inmate's death or transfer to another institution.

Please cancel the detainer previously placed by this Service on _____

Polly Kaiser #3149
(Signature of INS official)

Deportation Officer
(Title of INS official)

Receipt acknowledged:

Date of latest conviction: _____ Latest conviction charge: _____
Estimated release date: _____

Signature and title of official: _____